Laryngeal Carcinoma of Slow Evolution.—KAHLER reports (*Annales des Mal. de l'Oreille, du Lar., du Nez et du Pharynx*, February, 1912) a patient with carcinoma of the hypopharynx who had been submitted to an endolaryngeal operation ten years previously, not impossibly for a cancer of the larynx of slow evolution. He also reported a case in a man, aged fifty-two years, who had for eight and one-half years presented a clinical aspect which did not permit a diagnosis of carcinoma of the larynx. The biopsy alone, made several times, indicated the diagnosis of carcinoma. An analogous case showed how important it was to be prudent as to the indication for a radical operation by external procedure, in which the mortality is large.

PATHOLOGY AND BACTERIOLOGY

UNDER THE CHARGE OF

JOHN McCRAE, M.D., M.R.C.P.,
LECTURER ON PATHOLOGY AND CLINICAL MEDICINE, MC GILL UNIVERSITY, MONTREAL; SOME TIME PROFESSOR OF PATHOLOGY IN THE UNIVERSITY OF VERMONT, BURLINGTON, VERMONT; SENIOR ASSISTANT PHYSICIAN, ROYAL VICTORIA HOSPITAL, MONTREAL.

The Destruction of Red Blood Corpuscles.—I. I. LINTVAREV (*Ann. de l'Inst. Past.*, January and February, 1912, Tome xxvi, Nos. 1 and 2) deals at some length with the intrasplenic and intrahepatic destruction of red blood corpuscles. Under normal conditions the destruction of blood occurs by the agency of special cells, the erythrophages, which are partly destroyed in the spleen itself, but are, for the most part, carried to the liver by the blood where they hand over at their destruction, to the liver cells, the products of destruction of the red corpuscles. Meanwhile, the bone marrow replaces the destroyed corpuscles. In pathological states characterized by the symptoms of the primary anemias, so-called, the destruction of red corpuscles by these erythrophages is greatly increased. Thus Lintvarev would group together Banti's disease, cirrhosis of the liver, splenomegaly, and pernicious anemia, which differ from one another merely in a quantitative way and in the organs in which the most marked changes occur: Pernicious anemia, if the marked changes are in the blood picture; hepatic cirrhosis if the connective tissue of the liver is most affected; splenomegaly, if the enlargement of the spleen appears to surpass in importance the hepatic and blood disturbances. Cirrhosis of the liver results, Lintvarev thinks, from irritation of the tissue of Glisson's capsule by the products of disintegration of the erythrophages and their contents, which also is responsible, in other cases, for the stimulation of the splenic connective tissue. The erythrophages are produced in the Malpighian corpuscles of the spleen, as well as in lymph nodes, and certain poisons, exogenous as well as endogenous, are responsible for an excessive production of these cells. The primary anemias are characterized by such an excess, with increased destruction of the red corpuscles due to the heightened activity of the destroyers: as a result of the destruction, and the great need of new corpuscles, the blood shows young and often immature forms of corpuscle. Lintvarev sees in the overproduction of phagocytes in tuberculous and syphilitic states, the main cause of the anemia produced, as well as the lesions of spleen and liver to which reference has been made. The happy term "*phagocytes à tout faire*" is employed to designate the erythroblasts.

Experimental Goitre and Cardiac Hypertrophy from Suspected Water Sources.—BIRCHER (*Deutsch. Zeitschr. f. Chir.*, 1911, cxii, Nos. 4 to 6) has demonstrated the possibility of causing struma in rats by causing them to drink water of the particular geological sources that are known to cause it in human beings. His series embraced 120 animals, was carefully controlled, and consisted of animals from various districts. Against 120 successful attempts in producing goitre, there was not a single tumor found in the control animals, and histological examination leads Bircher to state that the conditions are strictly parallel. With continuance of the use of the water concerned the cellular degenerations were readily observed; nodular and diffuse change were observed in the thyroid, and hypertrophy of the heart accompanied by degeneration in its muscle.

Typhoidal Bacteriemia with Localization in the Lung.—That we do well to consider typhoid fever as a bacteriemia with localization in the intestine is evidenced by a case carefully reported by COURMONT, SAVY, and CHARLET (*Jour. de Physiol. et de Path. Générale*, March 15, 1912, xiv, No. 2) in which there were no intestinal symptoms, but a continued and severe purulent bronchitis. The malady began in a woman, aged thirty-eight years, with continued fever, torpor, enlarged spleen, and a slight ulceration on one anterior pillar of the pharynx. A very irregular fever, with large regressions, lasting more than three months, followed. The pulse was rapid, and the pulmonary symptoms marked; purulent sputum was present in great quantity; there was frequent cough, dyspnea without cyanosis, no consolidation, but numerous rales in all parts of the lungs. Albuminuria was marked. Headache and diarrhea were absent, the tongue was furred but the appetite continued fairly good. Blood cultures, at first unsuccessful, later at various times gave the bacillus typhous, typical even in agglutination. Later, the bacteria appeared in the urine. The Widal reaction appeared on the eighth day. No rose spots were seen at any time. A large bedsore occurred. After a desperate illness, during the course of which the patient was operated upon for strangulation of a preëxistent hernia, she made a perfect recovery.

Antityphoidal Immunization by the Intestinal Tract.—COURMONT and ROCHAIX previously demonstrated the possibility of antityphoidal immunization in animals by the intestinal route, and have now applied it to man (*Jour. de Phys. et de Path. Gén.*, xiv, No. 2). The vaccine was given, with laudanum, by the rectum, and in no case was there any bodily reaction. In the blood, the agglutinative, bacteriolytic, and bactericidal properties appeared in due time, attaining their maximum three weeks after the first of three injections at intervals of five days.